ARIZONA SUBSTANCE ABUSE TASK FORCE
Arizona Access to Treatment Work Group

April 6, 2016
1:00
Governor's Executive Tower
Suite – 230
1700 West Washington Street
Phoenix, Arizona 85007

A general meeting of the Access to Treatment Work Group was convened on April 6, 2016 at 1700 Washington Street, Suite 230 Phoenix Arizona, 85007, notice having been duly given.

Members Present (15)
Debbie Moak, Governor's Office of Youth, Faith and Family
Eddy Broadway, Mercy Maricopa Integrated Care
Sherry Candelaria, MIKID
Michael Carr, Department of Child Safety
Jennifer Carussetta, Health System Alliance of Arizona
Peggy Chase, Terros
Haley Coles, Community Member
Lee Pioske, Cross Roads
Doray Elkins, Community Member
Jeff Taylor, Salvation Army
Mary Hunt, Maricopa Integrated Health System
Susan Junck, Arizona Health Care Cost Containment System (AHCCCS)
Dawn Scanlon, Community Member
Sherry Candelaria, MIKID
Dennis Regnier, CODAC

Staff/Guests Present (2)	**Members Absent (6)**
Alexandra O'Hannon, Governor's Office of Youth, Faith and Family	**Denise Dain,** St. Luke Behavioral Health Center
Sharon Flanagan-Hyde, Flanagan-Hyde Associates	**Jonathan Maitem,** Honor Health
	Elaine Ellis, Phoenix Children's Hospital
	Michael White, Community Medical Services
	Robert Johnson, Arizona Perinatal Care Center

	Frank Scarpati, Community Bridges

A. Call to Order

Co-Chair **Debbie Moak,** called the meeting to order at 1:02 p.m.

B. Welcome and Introductions

Debbie Moak began the meeting by reminding members that the Work Group meetings are considered an open meeting and as a result, must follow open meeting law requirements. Specifically, she reminded members that:

- In the event that a community member comes into the meeting room to observe the meeting and/or requests to speak during the Call to the Public, Work Group members are prohibited from engaging the individual during the meeting.
- Members of the public are allowed to speak for two (2) minutes.

Sharon Flanagan-Hyde, external meeting facilitator, asked the members to introduce themselves. She reviewed the group norms and reminded the group that they may not send substitute members when they are unable to attend a meeting. They are, however, permitted to bring in a content expert as a guest as long as the agenda and meeting minutes reflect their participation. Sharon will coordinate the invitation of content experts.

Sharon asked for a volunteer to report out on the Work Group's activities at the next Arizona Substance Abuse Task Force meeting; **Doray Elkins** offered to speak on the Work Group's behalf.

C. Evidence-Based Practices (EBPs)

Sharon and members reviewed a document that provided references to evidence-based programs and evidence-based practices. For the purpose of developing Task Force recommendations, the group elected to expand the National Registry of Evidence-Based Practices definition to include emerging and promising practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) acknowledges the importance of emerging and promising practices.

Sharon asked members to keep language clear and concise when talking about evidence-based practices as distinct from evidence-based programs, and to be mindful that the overall goal of EBPs are to improve program and treatment outcomes.

Peggy Chase shared that it is critical that the Work Group also focus on programmatic descriptions and processes currently in place, as well as programs and processes that are not in place and will need to be developed.

D. Essential Topics

Sharon introduced the topic of access to treatment, to which **Dennis Regnier** stated it would be helpful to first define what "access" means, citing the word is tied to various criteria. The group defined "access" as including but not limited to measurement criteria such as wait lists, availability of specific treatments, no-show rates, geography, insurance, and accessibility. In response to Dennis' comment, Sharon asked the members what came to mind when they thought

about access to treatment. Their responses were:

- **Debbie Moak-** Availability of detox services.
- **Michael Carr-** Knowledge/education on the type of services available.
- **Mary Hunt-** Emergency and outpatient services, delineating emergent and chronic needs.
- **Peggy Chase-** Collaboration and coordination of services, as well as readiness to provide them.
- **Susan Junck-** Processes for accessing services (appointments, referrals, approvals, etc.).
- **Haley Coles-** Diversity in treatment options.
- **Doray Elkins-** Insurance barriers. Having to present with unrelated conditions in order to receive treatment.
- **Dennis Regnier-** Age-appropriate services (example- adult services versus services for teens).
- **Jennifer Carusetta-** Ongoing community supports after treatment is completed.
- **Sherry Candelaria-** Coordination of care; providers communicating with one another, especially with dual diagnoses. Also, parity and how services are provided for individuals who are privately insured.
- **Eddy Broadway-** Capacity, capability; workforce capable of treating conditions. Also, barriers faced by individuals with private insurance; limited network- particularly when compared to individuals who receive services through Medicaid.
- **Jeff Taylor-** Availability of resources and quality assessments, and the ability to treat pregnant women.
- **Dawn Scanlon-** Financial means and transitional programs that help treat and sustain sober living.

Sharon asked members to categorize their responses; this resulted in the following categories:

1. Awareness
2. Financial
3. Capacity/Capability
4. Accessibility
5. Criminal Justice

Sharon asked members to describe what a vibrant continuum of services would look like. Members responded:

- **Eddy Broadway-** Decrease the number of deaths due to accidental or preventable overdose.
- **Sherry Candelaria-** Coordination of care.
- **Jennifer Carusetta-** A website that lists available providers and support for families who have a loved one who is using substances.
- **Dennis Regnier-** Adopting a "no wrong door" approach.
- **Doray Elkins-** A one stop, comprehensive program.
- **Haley Coles-** Providers who are readily available.
- **Lee Pioske-** Quality assessments and assistance with navigating the system.
- **Susan Junck-** System collaboration.

- **Peggy Chase-** Assisting support systems (example- single mothers who are overwhelmed). Aid in developing coping strategies that take culture into consideration (example- in some cultures it is considered offensive not to take a drink when they are offered one).
- **Mary Hunt-** Immediate access to care.
- **Michael Carr-** Ceasing to "down play" the severity of underage substance use.
- **Jeff Taylor-** Treat substance use like a health issue and eliminate moral judgments.

The members were then separated into five (5) groups and tasked with exploring the five (5) essential topic categories. The results were as follow:

1. Awareness
   - A centralized "depot" of resources.
   - Diverse and culturally competent services that are available to all populations (adults, kids, pregnant women, etc.).
   - Fulltime staff that can actively update a resource website that stores information for all community providers.
   - Use of Motivational Interviewing for all assessments.
   - Stigma-free environment.
   - Easy access to comprehensive services.
   - Coordination of care and consideration of potential barriers (example- in order for an individual who is homeless to come in for their appointment, they may need assistance with storing their possessions/cart).
   - Consider individuals who may not be ready for treatment yet, but may be ready in the future.
2. Financial
   - Insurance-related issues
   - Parity
   - Funding source
   - Limited beds/ patients clogging emergency rooms.
   - Compare and contrast the Medicaid system with commercial insurance.
     - High premiums and co-pays
3. Capacity/capability
   - Right treatment for each individual or condition.
   - Increase the number of providers who produce quality, comprehensive assessments.
   - Develop a resource portal/website that hosts a current and well-maintained list of treatment providers.
   - Employ the use of "warm handoffs" so recipients are not being handed off to a wait list.
   - Service availability on demand.
   - Workforce development is needed to ensure competent staff are readily available to help patients.
4. Accessibility
   - Removal of barriers that prevent recipients from getting into treatment (example- transportation, childcare, etc.).

- Availability of services in rural areas.
- Immediate availability of beds.
- Rural and Tribal areas.
- Centralized resources.
- No "wrong door" for accessing services.
- A network of behavioral health professionals who conduct quality assessments.
- Utilize support groups to identify and aid recipients with getting into the right level of care.
- Education, information production and dissemination
- Having numerous "touch-points" to guide the recipients.
- Recognizing signs and symptoms that indicate the recipient is not doing well.

5. Criminal Justice System
    - It is important to factor criminal justice into the equation. If people receive good treatment in jail, the system may prevent them from going to prison.
    - **Doray Elkins** reported that there are five (5) critical components that contribute to an individual's ability to get/maintain sobriety; they are: therapy, transportation, vocational services, faith, and safe sober living.
    - 20,000 people are released from criminal institutions every year; 70 percent of these individuals have a substance abuse problem.
    - Target those who would not be in jail if it were not for substance use.
    - Change the culture of over-institutionalization.
    - Create a safe environment for assessment and recovery in prisons.
    - Release inmates to the care of comprehensive treatment programs.
    - Conditional treatment is an option in lieu of jail.

The Work Group discussed the availability of Prevention Block Grant and other funding to support a systemic shift in culture.

- **Eddy Broadway** reported the Arizona Health Care Cost Containment System (AHCCCS) recognizes substance use and abuse is a problem in Arizona. He further noted that veterans are experiencing difficulty transitioning from military to civilian life.
- **Debbie Moak** stated the system may need to transfer funds to prevention programs until the shift in Arizona's culture catches up.

Other "essential questions" identified by the group included:

- Where are substance abusers encountered? The number of places could be increased, for example, HIV programs.
- What does Arizona have budgeted for treatment?
- What ROI data do we have on long-term sobriety?
- How many treatment beds are available in Arizona?
- What is the workforce situation?
- Why is it expensive/difficult to invest in recovery upon incarceration?

Sharon asked the group to think ahead to the report of recommendations – what is essential to address in the report?

- Beds and services available on demand to meet needs.

- Decrease in the number of people arrested and incarcerated.
- Decrease in the number of accidental and preventable deaths.
- Crosswalk: who provides what services – a description of the web of supports in the community; different options, targeted supports for different ages and populations; navigation tool.
- One stop comprehensive programs along the continuum of care.
- Providing services to people not yet willing to get treatment; keeping them alive until they will access treatment.
- Good assessments at the diverse points of encounter.
- More engagement of people through schools and other organizations.
- More supports for parents – healthy parents, healthy kids.

E. Data Collection and Presentation

- **Peggy Chase** explained that Terros' data indicates the cost of substance abuse treatment is relatively cheap; $1,800 for a 90-120 day program. She further stated that patients who have successfully completed their program are often hired by Terros; she described them as highly involved and productive staff. **Dennis Rangier** supported the information Peggy shared and added there is a positive return on investment because healthy recipients get jobs and pay taxes.

Sharon asked the members to think about what they know, and information they have that would be helpful in the progression of the Work Group's process. Members were asked to email this data to her and she will use the information to create the agenda for the next Access to Treatment Work Group meeting.

F. Call to the Public

There were no members of the public at the Work Group; subsequently, there were no requests to speak.

G. Adjourn

Debbie Moak adjourned the meeting at 2:53 p.m.

Dated the 6th of April 2016
Arizona Access to Treatment Work Group
Respectfully Submitted By:
Alexandra M. O'Hannon
Program Administrator, GOYFF